

DHHS/OFFICE OF OPERATIONS SUPPORT, CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301
Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

HOUSEHOLD AND PERSONNEL LIST for Staff or Household members ages 17 years and older

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL NOT BE ACCEPTED.

Information entered below will be used for returning this form so please write neatly.

Program Name		License #
Mailing Address (PO Box or Street)		
City	State	Zip Code

*Did you remember to
add the dates your
background checks
were sent to state
police?*

WHO do I need to submit on this form? *For Child Care:* All staff or household members ages 17 and over who live at a family child care or meet the daily contact definition of being in the presence of children for more than one hour per day, 5 days per week or more than 5 hours per week. Submit one form per person age 17 and over as required. *For Residential:* All Program staff who will be in the presence of residents at the program for more than 5 hours per week.

WHAT type of record check needs to be completed and when? An FBI check with fingerprints needs to be completed on all new staff, or household members, who have not been fingerprinted for DHHS in that last 3 years, staff or household member who have recently turned 17 and all staff or household members who, at renewal, have not completed an FBI background check. ALL staff must get a state background check upon hire at a program and at renewal (unless one was completed within 12 months of the license expiration) regardless or when they had their FBI background check completed.

WHEN do I submit a Household and Personnel List? You must submit staff on or before their first day of employment and at each renewal of your license. The FBI fingerprints or state background check must also be submitted to state police with appropriate payment as required.

HOW do I complete this form? After entering the full name and DOB of the person for whom the form is being processed enter the date FBI and state record checks were completed. Some individuals may have previously been fingerprinted so that date may be different than the state background check.

YOU MUST SUBMIT FINGERPRINT AND/OR STATE BACKGROUND DOCUMENTATION AND PAYMENT DIRECTLY TO STATE POLICE.

BY SUBMITTING THIS NAME TO THE CHILD CARE LICENSING UNIT, YOU CERTIFY THAT THE BELOW PERSON HAS SUBMITTED A BACKGROUND CHECK AS REQUIRED.

LAST NAME, (MAIDEN NAME) FIRST NAME, MIDDLE INITIAL YOU MUST INCLUDE MAIDEN NAME, PREVIOUS MARRIED NAME, AND ANY OTHER NAME(S) IF APPLICABLE.	D.O.B. MM/DD/YY	BACKGROUND CHECK TYPE (include MM/YY)		POSITIVE MATCH* FOR UNIT COMPLETION ONLY
		STATE	FBI	

FOR OFFICE USE ONLY ____ The background check did not reveal any information that resulted in a determination that the above named individual poses a threat to the safety of children.